UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION



SEC US	SE ONLY
Prefix	Serial
DATE R	ECEIVED

Name of Offering ( check if this is an ame	endment and name has changed, and indicate chang	e.)						
Filing Under (Check box(es) that apply): [ Type of Filing: New Filing Amen	Rule 504 Rule 505 Rule 506	Section 4(6) SulDE						
A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about the is	suer	P NUV 1 / 204						
· <del></del>	dment and name has changed, and indicate change.	TRONGON						
W.R. Hambrecht/Active, LLC		do in, in the set of						
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
539 Bryant Street, Suite 100, San Francisco	415-551-8600							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area C (if different from Executive Offices)								
Brief Description of Business								
Investment								
Type of Business Organization  corporation business trust  limited partnership, already formed business trust  limited partnership, to be formed  limited liability company								
Actual or Estimated Date of Incorporation or Organization:    Month   Year								

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **OMB** control number.

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		37.97.1	TIFICATION DATA			
2. Enter the information reques		_		•	· · · · · · · · · · · · · · · · · · ·	
Each promoter of the issue					اليان م	
Each beneficial owner hav		_			in the second	of the issuer;
Each executive officer and  Each executive officer and	-	-	general and managing par	mers of partnership	issuers; and	
• Each general and managin					NZ 3.4	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	⊠ Manager	
Full Name (Last name first, if in	*					
W.R. Hambrecht/Active Man	<u> </u>					
Business or Residence Address				•		
539 Bryant Street, Suite 10	57. The Committee of Albert Characterists	o, CA 94107		materia ne el tro a materia	TO WOOD SEALON LESS WAS AND A SECOND	CONTRACTOR AND
Check Box(es) that Apply:	⊠ Promoter	Beneficial Owner	Executive Officer	Director	Manager of Issuer's Mana	ger
Full Name (Last name first, if it	ndividual)	ta a augre			4 species	
W.R. Hambrecht + Co., LLC						
Business or Residence Address 539 Bryant Street, Suite 10				Appendiction of the second of	end Tanggaran	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Manager of Issuer's Mana	ger
Full Name (Last name first, if in	ndividual)					
Eu, Robert						
Business or Residence Address	(Number and Street	t, City, State, Zip Code)				
539 Bryant Street, Suite 10	0, San Francisco	, CA 94107				
Check Box(es) that Apply:	Promoter:	Beneficial Owner	☐ Executive Officer	Director	Officer of Ma Issuer's Mana	
Full Name (Last name first, if in Schweizer, Anna-Marie E.	ndividual)	neid (2) — Laguer III. Takes	er Korkelijffsangrenst. De pro- Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-Pro-	i Bilanda Barana		
Business or Residence Address	(Number and Street	t City State Zin Code)				at a distant
539 Bryant Street, Suite 10	tues the distribution of the second second	, CA 94107		The state of the s		Alle Services
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Parts	ner
Full Name (Last name first, if ir	ndividual)					
Shea Ventures, LLC						
Business or Residence Address 655 Brea Canyon Road, Waln	•	t, City, State, Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Parti	A CONTRACTOR OF THE PROPERTY O
Full Name (Last name first, if in	adividual)					
Business or Residence Address	(Number and Street	, City, State, Zip Code)		in de la companya de La companya de la companya de	The course of th	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partr	ner
Full Name (Last name first, if in	ndividual)					
Business or Residence Address	(Number and Street	, City, State, Zip Code)			· · · · · · · · · · · · · · · · · · ·	
	(Use blank	sheet, or copy and use add	itional copies of this sheet	as necessary)		

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						1035 1.4						
				B. <u>I</u> N	VFORMA'	TION AB	OUT OF	FERING				istra
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
2. What	2. What is the minimum investment that will be accepted from any individual?* may be waived by Manager \$ _*2,550											
3. Does	the offering	g permit joi	int ownershi	ip of a sing	le unit?		•••••••••••••••••••••••••••••••••••••••	••••••				
3. Does the offering permit joint ownership of a single unit?												
Business	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
			`	<u> </u>								
Name of	Associate	d Broker or	Dealer								,	
States in	Which Per	rson Listed	Has Solicit	ed or Inten	ds to Solicit	Purchasers	3					
			individual			-					All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last na	me first, if	individual			·			<del></del>	<del></del>		
Business	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Name of	f Associate	d Broker or	- Dealer	1.								
1 vanie or	Associate	u Diokei oi	Dealer									
States in	Which Per	rson Listed	Has Solicit	ed or Intend	ds to Solicit	Purchasers	 S					
•	"All State:	s" or check	individual	States)			e a					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nar	ne (Last na	me first, if	individual					:				
Dysinos	o ou Donido	A dd	- Olymphon	and Charles	City, State,	7:n Codo)						
Dusines:	s of Keside	nce Addres	s (Number a	and Sueet,	City, State,	Zip Code)			· & .			
Name of	f Associate	d Broker or	Dealer			<u></u>	· <u>-</u>		<del> </del>		<del></del>	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
(Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPE	NSES AND US	E OF PROCE	EDS.	
1. Enter the aggregate offering price of securities included in this offering and the total a already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange check this box  and indicate in the columns below the amounts of the securities offer exchange and already exchanged.	offering,			
Type of Security	(	Aggregate Offering Price	Am	ount Already Sold
Debt	\$	0	\$	0
Equity	\$ <u> </u>	0	\$	0
Common Preferred				
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	\$	0	\$	0
Other (Specify <u>limited liability company interests</u> )	\$	270,573	\$	270,573
Total	\$	270,573	\$	270,573
Answer also in Appendix, Column 3, if filing under ULOE.				
2. Enter the number of accredited and non-accredited investors who have purchased securitis offering and the aggregate dollar amounts of their purchases. For offerings under laindicate the number of persons who have purchased securities and the aggregate dollar of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Rule 504,	Number Investors	Do	Aggregate llar Amount f Purchases
Accredited Investors		16	\$	270,573
Non-accredited Investors		0	\$	0
Total (for filings under Rule 504 only)		N/A	\$	N/A
Answer also in Appendix, Column 4, if filing under ULOE.				
3. If this filing is for an offering under Rule 504 or 505, enter the information requested securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (months prior to the first sale of securities in this offering. Classify securities by type list Part C-Question 1 N/A.	12)			
Type of offering		Type of Security	Do	llar Amount Sold
Rule 505			\$	<del></del>
Regulation A	<u> </u>	· · · · · · · · · · · · · · · · · · ·	\$	
Rule 504	····		\$	
Total	******		\$	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of issuer. The information may be given as subject to future contingencies. If the amount expenditure is not known, furnish an estimate and check the box to the left of the estimate	the of an			
Transfer Agent's Fees	•••••		\$	
Printing and Engraving Costs	•••••		\$	
Legal Fees			\$	600
Accounting Fees			\$	
Engineering Fees			\$	
Sales Commissions (specify finders' fees separately)			\$	
Other Expenses (identify) blue sky fees			\$_	900
T. (1				1 700

C. OFFERING PRICE, NUMBER OF	TINVESTORS EXPENSE	SAN	DIISE:	OFPRO	OFFDS		
b. Enter the difference between the aggregate offering price Question 1 and total expenses furnished in response to Part the "adjusted gross proceeds to the issuer."	e given in response to Part C – C – Question 4.a. This differen	nce is	12 112	•	\$	269,073	
Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any estimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in response	purpose is not known, furnish a otal of the payments listed mus	an t equal					
			Payment Office Director Affilia	rs, s, & tes		yments To Others	
Salaries and fees		□ \$_		<del></del>	<b>\$</b>		
Purchase of real estate		□ \$_			□ \$		
Purchase, rental or leasing and installation of mach	hinery and equipment	□ \$_			<b>\$</b>		
Construction or leasing of plant buildings and faci	lities	<u></u> \$_			\$		
Acquisition of other businesses (including the value this offering that may be used in exchange for the another issuer pursuant to a merger)	assets or securities of	□ \$_		<del></del>	<b>\$</b>		
Repayment of indebtedness		<b>\$_</b>			<b>\$</b>		
Working capital		□ \$_			☐ <b>\$</b>		
Other (specify)venture capital investment					□ \$	265,268	
administrative and other out-of-pocket expen	<b>⊠</b> \$_	3,	305	□ \$			
Column Totals		<b>⊠</b> \$_	3,	305	<b>\$</b>	265,268	
Total Payments Listed (column totals added)				⊠ <b>\$</b>	269,073	·	
D; FI	EDERAL SIGNATURE						
The issuer has duly caused this notice to be signed by the und ollowing signature constitutes an undertaking by the issuer to a staff, the information furnished by the issuer to any non-active staff.	furnish to the U.S. securities a	nd Exc	hange Co	ommissio	n, upon wri		
ssuer (Print or Type)	Signature			Date	Date		
W.R. HAMBRECHT/ACTIVE, LLC	& Quel-harials	elugi Nover			ember 4, 2004		
Name of Signer (Print or Type)	Title of Signer (Print or Type	;)	)				
W.R. Hambrecht/Active Management, LLC Manager	By: W.R. Hambrecht + Co By: Anna-Marie E. Sc				etary		
	ATTENTION						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)